

cause of difficult labour, and Hohl had very fully discussed this subject. To effect evolution by acting upon one or other of both poles of the long diameter of the child, it was essential that that long diameter—represented by the spine—should preserve a certain degree of rigidity or elasticity; otherwise, when traction was exerted upon a limb, the only effect was to compress the fœtus into a mass which moulded itself to the resisting structures. Another difficulty arose in cases of premature labour, partly from the small undeveloped condition of the uterus which impeded manipulation, and partly from the want of rigidity of the fœtus—also the result of immaturity—which led to its being compressed by the spasmodic contraction of the uterus into a compact ball. With regard to the use of this method of turning in placenta prævia, he fully recognized its merit. Although insisting upon the advantage of the principles of treating placenta prævia which he himself had introduced, he was always ready to avail himself, according to the necessity of the case, of other aids. The total detachment of the placenta was not true to physiology, it was bad in practice and quite superfluous; but the partial or cervical detachment was indicated, if for no other reason, to liberate the cervix and facilitate its dilatation, and therefore turning. As chloroform had been adverted to, he had one word to say upon that point. He fully recognized the value of this agent, and constantly derived signal advantage from its use; but the most positive experience had proved to him that unless full surgical anæsthesia were induced, it sometimes rather obstructed than facilitated turning. With regard to the objection that had been urged to the bimanual method, that it was liable to cause metritis, he could only imagine that this arose from an utter misconception of the nature of the operation. Inasmuch as it was only necessary to pass two fingers into the uterus, and the operation was accomplished with less force than by the old method—if violence had anything to do with causing metritis, the least violent proceeding must be the more free from that danger. So easy was it at times, that he had, on one occasion, in a case of placenta prævia, turned and delivered a child without passing more than two fingers into the vagina; he had not even turned back or soiled the cuff of his coat. In conclusion, he expressed his deep sense of the merit and usefulness of this memoir. He firmly believed that it would exercise an important influence in improving obstetric practice in this country.

44. *Rectification of Face Presentation under Chloroform.*—MR. W. S. CARMICHAEL read before the Obstetrical Society of Edinburgh (April 29, 1863), the following communication: I attended Mrs. — with her first child. On examination, the membranes were found entire, and the presentation not easily to be recognized. I suspected either face or breech. The labour was tedious. I left the patient for some time, and on my return found the membranes ruptured, and the face presenting. Mrs. —'s general configuration, and examination *per vaginam*, by which I had found the pelvis narrow, with a hard projecting coccyx, led me to infer a tedious labour, dangerous at least to the child, if not to the mother. I therefore put her deeply under the influence of chloroform, and finding that I could without difficulty push the head above the brim of the pelvis, I was enabled to rectify the presentation. The labour thereafter was very tedious (in all 36 hours), so much so, that I had sent for the forceps; but, after waiting some time longer, delivery was accomplished naturally. The nose and both eyes clearly showed the presentation of the face. The urine required to be drawn off for a week, showing the great pressure exercised on the urethra, principally from the projection of the coccyx pressing the head against it. I think the case instructive, as showing that, by the use of chloroform, administered deeply, a presentation, rendering labour always tedious, and therefore dangerous to the mother, and of increased danger to the child, may by such means be safely rectified.

Professor Simpson remarked, that Dr. Carmichael's communication was a very important one. Rectification of face presentations had been the subject of a good deal of discussion at various times. We were taught by some authorities that face presentations could be readily converted, within the pelvic cavity, into head presentations, but it had subsequently been thought impossible as a general rule to do this, the mass turned (*viz.*, the head of the child)

being larger in one of its diameters than the pelvic cavity in which it was proposed to turn it. There were rare cases where nature had rectified the position. Dr. S. saw one such case some time ago, with Dr. Paterson of Leith. He (Dr. S.), remembered of once rectifying the position of the head, with Dr. Bellby, before the days of chloroform, when it would have been impossible to have finished the labour before changing the presentation. In that case the head was not descended into the pelvic cavity. Usually, for the reason stated, it is impossible to turn the head in the cavity of the pelvis; you must first push it up to the brim before this can be done.—*Ed. Med. Journ.*, Sept. 1863.

45. *New Cause of Unavoidable Hemorrhage.*—Dr. BRYCE, of Dalkeith, made the following communication to the Obstetrical Society of Edinburgh (June 10, 1863): "On the 4th of June, 1858, M. D. was delivered of her first child—a healthy, well-developed boy—at the full term of utero-gestation, but did not again become pregnant till the first week of January, 1862. On the 11th of June following—that is, about the fifth month and a half—abortion took place; and, after delivery, it was found that the predisposing cause of the accident had been fatty degeneration of the placenta. Her husband was from home from the above date till the 2d of August of the same year, on which date he returned for two or three days, when she again became pregnant. On both of these two last occasions, she states that she never felt so well as during her first pregnancy. At six o'clock P. M. on the 11th of last January, almost to a day the time of her former premature labour, I was again summoned to see her, when she stated that she first began to complain at four o'clock the same morning. On examination, I found the os considerably dilated, and a large bag of thick membranes presenting, and through them I could with difficulty trace the outlines of a foot. The pains had almost entirely ceased for an hour or two; and as there was no hemorrhage (and had been none), I thought it advisable to delay interference for a short time. After allowing what I considered to be sufficient time, without any signs of improvement, I ruptured the membranes, and in a few minutes the uterus again took on action, the pains recurred regularly, and with every uterine contraction hemorrhage, which entirely ceased during the intervals. A careful examination convincing me that no portion of the placenta was attached to the cervix, and being unwilling to interfere so long as the hemorrhage, though considerable, was not alarming, and so long as I was in total ignorance of the cause of the bleeding, I tried what effect the plug might have in arresting the flow of blood. The pains soon increasing in strength, the descent of the fœtus partially expelled the plug, which I then removed altogether. I examined again, and could now reach the pelvis, where I found the cord, which I was now able to trace, passing downward from its umbilical origin, over the perineum, and up the back to its placental attachment, and rendered so tense by the descent of the fœtus, that I concluded that it was preternaturally short. The child was thus ascertained to be sitting astride the cord.

"Seeing now that the forcible separation of the placenta produced by the traction on the cord, in the descent of the fœtus during each pain, was the cause of this unavoidable hemorrhage, I proceeded during an interval to rectify this abnormal position of the child; and this I with some difficulty succeeded in doing, by flexing the right thigh on the abdomen, and passing the cord over it. The hemorrhage was thus completely arrested, and, with a few more pains, the fœtus was expelled at seven P. M., followed, after the lapse of ten minutes, by a fatty battledore placenta. An over-active attendant had the placenta destroyed before I could get the cord accurately measured; but, from a rough guess, I think the total length of the cord would be about eight inches.

"In consequence of special circumstances, such as seldom come under our notice, and one of which has been already mentioned, the time of impregnation can in both cases be fixed almost to a day; in the first case, to the 2d or 3d of January, 1862, and, in the second case, to the 2d or 3d of August; and in both instances the abortion took place almost exactly at the same period of utero-gestation, or about the eighth or ninth day of the sixth month."—*Ed. Med. Journ.*, Oct. 1863.